

District 8 Small Business Academy in Partnership with Partners For Self Employment, Inc.



FACILITATOR	DATE
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EACH APPLICANT MUST COMPLETE THIS FORM TO ATTEND TRAININGS. IT WILL ENABLE US TO ENTER EACH APPLICANT IN OUR DATABASE. PLEASE COMPLETE ALL SECTIONS. PLEASE PRINT CLEARLY.

APPLICANT INFORMATION

County:		Center:	
Last Name:			First:
Street Address:			Apartment/Unit #
City:	State:		ZIP:
Phone:		E-mail Address:	
Date of birth:	Social Security No.:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Are you head of household	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, sex of the head of household:	
Number of household?	Number of children living in the house?		
Total of yearly gross income earned by all members of the household?			
Are you currently on public assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, What type of Assistance?	
Currently active in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of employer	Zip	City	State

BUSINESS

Business Name		Business Address	
City	State	Zip	
Business Phone:	Fax:	% of female Owned? (Example 0%, 50%, 100%)	
Duns#	Business Website		
Annual sales	Registered W/ the State?	EIN #	
Number of Employees (Include self as one)		Business Status	<input type="checkbox"/> Existing <input type="checkbox"/> Start-up

BRIEF BUSINESS DESCRIPTION:

BUSINESS GOALS FOR NEXT 12 MONTHS:**EDUCATION***Please check one*

<input type="checkbox"/> Grade School	<input type="checkbox"/> Some High School	<input type="checkbox"/> High School	<input type="checkbox"/> GED
<input type="checkbox"/> 2 Years College	<input type="checkbox"/> 4 years College	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Some College

CLIENT DATA

<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian/ White	<input type="checkbox"/> Other: Multi-Racial
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> American India/ Alaska Native	
<input type="checkbox"/> American Indian or Alaskan Native & black/ African American	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> American India/ Alaska Native & White	

ATTACHEMENT

- ❖ **DRIVERS LICENSE**
- ❖ **SOCIAL SECURITY**
- ❖ **BUSINESS TAX LICENSE**
- ❖ **PROOF OF ADDRESS**

- ❖ **MOST RECENTLY COMPLETED INCOME TAX RETURN**
- ❖ **PROOF OF CURRENT INCOME**
- ❖ **MIAMI DADE COUNTY CDBG FORM**
- ❖ **LAST 3 MONTHS BUSINESS FINANCIAL RECORD**

I WAS REFERRED BY: _____

NRSA: _____

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Signature of Applicant

Date